10/07/2016 16 : 25

PAGE 1/2

## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual	Organization or Corpora	ation				
PEOPLE FOR TH	E AMERICAN W	/AY				
(b) Address (number and street) check if different than previously reported 1101 15TH STREET NW SUITE 600						
(c) City, State and ZIP Code					ation Number	
WASHINGTON DC 20005			3. FEC Identific	ation Number		
Occupation and Name of Franks on /few ladicidus   Filers Only)		al Filara Orda		C C9001	2071	
2. Occupation and Name of Employer (for Individual Filers Only)						
4. TYPE O	F REPORT (check approp	priate boxes):				
(a) A	oril 15 Quarterly Report					
July 15 Quarterly Report 24-Hour Report						
October 15 Quarterly Report 48-Hour Report						
January 31 Year-End Report						
b) Is this Report an amendment? 🗶 No 🗌 Yes, it amends the report filed on						
5. COVERING PERIOD: FROM FROM / DID / YIYIYIY						
	M M / D D / Y Y Y					
THROUGH						
6. TOTAL CON	TRIBUTIONS				0.00	
7. TOTAL INDEPENDENT EXPENDITURES						
7. 101/12 11/02	TENDERT EXILENDITOR	1120			1000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.						
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Ele				[Electronically Filed]	DATE	
Laviolette, Diane, , , Laviolette, Diane, , ,			Laviolette, Diane, , ,		10/07/2016	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.						
NOTE. Submission of laise, erroneous of incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.						

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

IAME OF FILER (In Full) PEOPLE FOR THE AMERICAN WAY					
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination				
Norsan Media	10 07 2016				
Mailing Address 4801 E. Independence Boulevard					
	Amount				
City State Zip Code  Charlotte NC 28212	1000.00				
Purpose of Expenditure Category/	Transaction ID : F57.4193  Office Sought: House State: NC				
Radio Ad Type	Senate				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:				
TRUMP, DONALD J, , ,	Check One: Support X Oppose				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination				
, , , , , , , , , , , , , , , , , , , ,	M M / D D / Y Y Y Y				
Mailing Address	—				
	Amount				
City State Zip Code					
Purpose of Expenditure Category/	Office Sought: House State:				
Type	Senate District:				
Name of Federal Candidate Supported or Opposed by Expenditure:	President  Check One: Support Oppose				
	Disbursement For: Primary General				
Calendar Year-To-Date Per Election for Office Sought	Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination				
	M = M / D = D / Y = Y = Y				
Mailing Address	Annual				
City State Zip Code	Amount				
Sign State Zip Gode					
Purpose of Expenditure Category/	Office Sought: House State:				
Type	Senate District:				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
	Check One: Support Oppose				
Calendar Year-To-Date Per Election	Disbursement For: Primary General				
for Office Sought	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(a) SOUTOTAL OF REINIZED INDEPENDENT EXPENDITURES	1000.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
c) TOTAL Independent Expenditures					